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Bib Data Sheet

CONFIRMATION NO. 6322

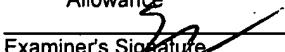
|                             |  |              |                        |                     |
|-----------------------------|--|--------------|------------------------|---------------------|
| SERIAL NUMBER<br>10/737,145 | FILING OR 371(c)<br>DATE<br>12/15/2003<br>RULE | CLASS<br>401 | GROUP ART UNIT<br>3751 | ATTORNEY DOCKET NO. |
|-----------------------------|--|--------------|------------------------|---------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 03/25/2004**

|                                 |  |                   |                         |
|---------------------------------|--|-------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  |                   |                         |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                   |                         |
| Verified and Acknowledged       | Examiner's Signature  Initials |                   |                         |
| STATE OR COUNTRY<br>PR          | SHEETS DRAWING<br>1  | TOTAL CLAIMS<br>5 | INDEPENDENT CLAIMS<br>1 |

**ADDRESS**

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**TITLE**

Toothbrush for prevention treatment of tooth sensitivity and method therefor

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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